

\$69.00 per PARTICIPANT

Proof of Torrance residency will be required.

There will be NO full refunds given and only partial refunds of 80% prior to April 17, 2014.

REGISTRATION BEGINS
MARCH 4, RESIDENT
MARCH 11 NON-RESIDENT
ALL REGISTRATION MUST BE RECEIVED
BY MARCH 28, 2014

City of Torrance, Community Services Department 3031 Torrance Blvd., Torrance, CA 90503

Volleyball League and **Clinic** is tentatively scheduled to begin April 19, 2014 and is an 8 week program. All games will be played on Saturdays in the Dee Hardison Sports Center at Wilson Park, 2200 Crenshaw Boulevard.

LEAGUE DIVISIONS

CLINIC

2nd, 3rd and 4th* Grades

JUNIOR

4th* and 5th Grades

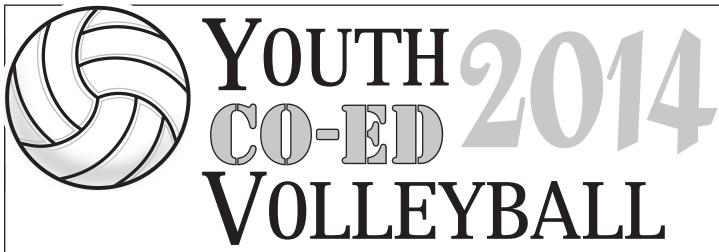
SENIOR

6th, 7th and 8th Grades

*Fourth graders may sign up for both the clinic and the Junior League for \$138.00.

VOLUNTEER HEAD COACH positions are filled on a "first come, first served" basis and are limited to one per team. If you wish to volunteer, you must complete a Volunteer Coach's Application online at http://www.TorranceCA.Gov/VolunteerProgram.htm. You will then need to go to Human Resources, 3231 Torrance Blvd., and pick up a Volunteer Fingerprint Request Form that must be completed prior to the start of the season. City policy requires volunteers to be fingerprinted annually. Volunteer coaches will receive a refund of the activity fee upon return of their equipment at the end of the season.

"Creating and Enriching Community through People, Programs and Partnerships"



Mail-in Registration:

Complete the Parent Permission Slip below. Please send a separate form and a separate check for each child, along with proof of your Torrance Residency. Forms must be received by March 28, 2014.

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Walk-In & Fax-In Registration:

Complete the Parent Permission Slip below along with your credit card information and fax to 310/781-7598 or bring to 3031 Torrance Blvd.

Online Registration:

Can be done at http://www.TorranceCA.Gov/9087.htm.

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☐ Clinic (2nd–4th grades) ☐ Junior L	.eague (4th-5th grade	es) Senior League (6th-8th grades)
has my permission to participate in the City of Torrance Community Services Department's Youth Sports Program. I affirm that he/she is in the grade, and that his/her birthday is and that he/she attends School. I hereby release and discharge the City of Torrance, the Torrance Community Services Department, and each and all of their agents and employees from any liability whatsoever, resulting from or in any		
manner arising out of any injury or damage which my be sustained on account of his/her participation in said activity.		
Parent's Name (please print)		
Signature of Parent or Guardian Date		
Address	City	Zip
Home Phone () Cell Phone ()	Email
IT'S EASY! NOW YOU CAN USE YOUR CREDIT CARD!		
I hereby authorize the use of my: \square Maste	erCard 🗖 Visa 🛭	☐ Discover ☐ American Express
Print Name As It Appears On Card: (please print)		
Credit Card #:	Expiration Date: Mor	onthYear
Signature:)	Credit Card Requests Must Have a Signature

Please include a stamped, self-addressed envelope to receive your receipt.

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